

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA			
Case number (if known)	1:18-bk-02961		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 362,500.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 362,500.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 19,929.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 382,429.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 322,086.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 322,086.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 5,276.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 5,276.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 146,707.80
		Your total liabilities \$ 474,069.80

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 8,555.34
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 8,555.34
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 7,952.17
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 7,952.17

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **12,337.52**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 5,276.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 5,276.00

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	First Name	Middle Name
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(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA		
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Official Form 106A/B

Schedule A/B: Property

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In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

221 Creekwood Drive

Street address, if available, or other description

York PA 17407-0000

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$362,500.00

Current value of the portion you own?

\$362,500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee simple

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$362,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: **Chevrolet**
 Model: **Tahoe**
 Year: **2003**
 Approximate mileage: **192000**
 Other information:
 [Redacted]

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$2,176.00 **\$2,176.00**

3.2 Make: **Chrysler**
 Model: **PT Cruiser**
 Year: **2004**
 Approximate mileage: **258000**
 Other information:
 [Redacted]

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$279.00 **\$279.00**

3.3 Make: **Chevrolet**
 Model: **Avalanche**
 Year: **2004**
 Approximate mileage: **138000**
 Other information:
 [Redacted]

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$4,549.00 **\$4,549.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$7,004.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

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Household goods and furnishings including couch, recliner, kitchen table and four chairs, bedroom furniture including beds, mattresses, dressers, chest of drawers, table and floor lamps, entertainment center, TVs, kitchen appliances, silverware, dishware, pots and pans, household linens, miscellaneous pictures and artwork, washer and dryer and yard and gardening tools

\$5,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

TV

\$50.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

Miscellaneous book collection

\$50.00

Miscellaneous artwork and decorative pieces

\$50.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

Pool table; two kayaks

\$600.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No
 Yes. Describe.....

Standard mens wardrobe

\$300.00

Standard womens wardrobe

\$350.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No
 Yes. Describe.....

Engagement ring and wedding band

\$500.00

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Costume jewelry	\$15.00
Mens watch and wedding band	\$100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- No
 Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

- No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$7,015.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
 Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes.....

Cash on hand **\$50.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes.....

Institution name:

17.1. Checking **BB& T** **\$100.00**

17.2. Savings **BB & T** **\$10.00**

17.3. Savings **BB & T** **\$0.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

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20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

Pension	Maryland State Retirement Pension Program	Unknown
401(k)	White Rose Family Chiropractic 401(k) plan	\$5,750.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

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30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$5,910.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$362,500.00
56. Part 2: Total vehicles, line 5	\$7,004.00	
57. Part 3: Total personal and household items, line 15	\$7,015.00	
58. Part 4: Total financial assets, line 36	\$5,910.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$19,929.00	Copy personal property total \$19,929.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$382,429.00

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF PENNSYLVANIA</u>			
Case number (if known)	<u>1:18-bk-02961</u>		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Check only one box for each exemption.	
221 Creekwood Drive York, PA 17407 York County Line from <i>Schedule A/B</i> : 1.1	\$362,500.00	<input checked="" type="checkbox"/> \$40,414.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
2003 Chevrolet Tahoe 192000 miles Line from <i>Schedule A/B</i> : 3.1	\$2,176.00	<input checked="" type="checkbox"/> \$2,176.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2004 Chrysler PT Cruiser 258000 miles Line from <i>Schedule A/B</i> : 3.2	\$279.00	<input checked="" type="checkbox"/> \$279.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2004 Chevrolet Avalanche 138000 miles Line from <i>Schedule A/B</i> : 3.3	\$4,549.00	<input checked="" type="checkbox"/> \$4,549.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)

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Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Household goods and furnishings including couch, recliner, kitchen table and four chairs, bedroom furniture including beds, mattresses, dressers, chest of drawers, table and floor lamps, entertainment center, TVs, kitchen appliances, silverware, dishware, Line from <i>Schedule A/B: 6.1</i>	<u>\$5,000.00</u>	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
TV Line from <i>Schedule A/B: 7.1</i>	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Miscellaneous book collection Line from <i>Schedule A/B: 8.1</i>	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Miscellaneous artwork and decorative pieces Line from <i>Schedule A/B: 8.2</i>	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Pool table; two kayaks Line from <i>Schedule A/B: 9.1</i>	<u>\$600.00</u>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Standard mens wardrobe Line from <i>Schedule A/B: 11.1</i>	<u>\$300.00</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Standard womens wardrobe Line from <i>Schedule A/B: 11.2</i>	<u>\$350.00</u>	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Engagement ring and wedding band Line from <i>Schedule A/B: 12.1</i>	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Costume jewelry Line from <i>Schedule A/B: 12.2</i>	<u>\$15.00</u>	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Mens watch and wedding band Line from <i>Schedule A/B: 12.3</i>	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)

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Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Cash on hand Line from <i>Schedule A/B: 16.1</i>	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: BB& T Line from <i>Schedule A/B: 17.1</i>	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: BB & T Line from <i>Schedule A/B: 17.2</i>	<u>\$10.00</u>	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: BB & T Line from <i>Schedule A/B: 17.3</i>	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Pension: Maryland State Retirement Pension Program Line from <i>Schedule A/B: 21.1</i>	<u>Unknown</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
401(k): White Rose Family Chiropractic 401(k) plan Line from <i>Schedule A/B: 21.2</i>	<u>\$5,750.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA			
Case number (if known)	1:18-bk-02961		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	BB & T Bank	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Creditor's Name	221 Creekwood Drive York, PA 17407 York County	\$49,050.00	\$362,500.00	\$0.00

**2508 Eastern Blvd
York, PA 17402**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number **6593**

2.2	Mr. Cooper	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Creditor's Name	221 Creekwood Drive York, PA 17407 York County	\$273,036.00	\$362,500.00	\$0.00

**8950 Cypress Waters
Blvd
Coppell, TX 75019**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **First Mortgage**

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1 **Patrick J. Wolf**

First Name Middle Name Last Name

Case number (if known)

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First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

\$322,086.00

If this is the last page of your form, add the dollar value totals from all pages.

\$322,086.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA			
Case number (if known)	1:18-bk-02961		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	York Adams Tax Bureau Priority Creditor's Name 1405 N Duke Street York, PA 17404 Number Street City State Zip Code	Last 4 digits of account number \$1,564.00 2014 When was the debt incurred?	\$1,564.00	\$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Earned income tax		

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

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2.2	York County Tax Bureau Priority Creditor's Name 28 East Market Street Suite 110 York, PA 17402 Number Street City State Zip Code	Last 4 digits of account number	\$1,485.00	\$1,485.00	\$0.00
		When was the debt incurred?	2015		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Earned income tax			
2.3	York County Tax Bureau Priority Creditor's Name 28 East Market Street Suite 110 York, PA 17402 Number Street City State Zip Code	Last 4 digits of account number	\$1,048.00	\$1,048.00	\$0.00
		When was the debt incurred?	2016		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Earned income tax			
2.4	York County Tax Bureau Priority Creditor's Name 28 East Market Street Suite 110 York, PA 17402 Number Street City State Zip Code	Last 4 digits of account number	\$1,179.00	\$1,179.00	\$0.00
		When was the debt incurred?	2017		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Earned income tax			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

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than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 1st Premier Bank Nonpriority Creditor's Name PO Box 5524 Sioux Falls, SD 57117-5524 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9340</u> When was the debt incurred? <u>2012</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer purchases on bank credit card</u>	Total claim <u>\$683.00</u>
4.2 Alltran Financial LP Nonpriority Creditor's Name PO Box 722929 Houston, TX 77272-2929 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Last 4 digits of account number <u>1206</u> \$0.00 When was the debt incurred? <u>2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection attempt on behalf of USAA Savings Reference Number <u>38910998</u>
4.3 American Coradius International LLC Nonpriority Creditor's Name 35 A Rust Lane Boerne, TX 78006-8202 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Last 4 digits of account number <u>4016</u> \$4,579.20 When was the debt incurred? <u>2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection attempt for USAA Savings Bank</u>

Debtor 1 **Patrick J. Wolf**
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4.4	Apotheker Scian P.C. Nonpriority Creditor's Name 520 Fellowship Road, Suite C306 PO Box 5496 Mount Laurel, NJ 08054-5496 Number Street City State Zip Code	Last 4 digits of account number 0177	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? March 2017	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Collection of original debt owed to Citibank, NA being collected by Cavalry SPV I, LLC</p>		
4.5	ARS National Services, Inc. Nonpriority Creditor's Name PO Box 463023 Escondido, CA 92046-3032 Number Street City State Zip Code	Last 4 digits of account number 0052	\$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 2015	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>■ Other. Specify <u>Collection attempt on Chase Bank account</u></p>		
4.6	Asset Recovery Solutions LLC Nonpriority Creditor's Name 2200 E Devon Ave Suite 200 Des Plaines, IL 60018 Number Street City State Zip Code	Last 4 digits of account number 5985	\$907.22
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 2016	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>■ Other. Specify <u>Collection attempt for Capital One NA</u></p>		

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

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4.7	Bank of America Nonpriority Creditor's Name PO Box 982235 EI Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 3699	\$29,034.00
		When was the debt incurred? 2013	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card		
4.8	Best Buy Nonpriority Creditor's Name 2685 Concord Road York, PA 17402 Number Street City State Zip Code	Last 4 digits of account number 0978	\$1,206.16
		When was the debt incurred? 2012	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Consumer purchases on account		
4.9	Bon Ton Nonpriority Creditor's Name Comenity Bank PO Box 182273 Columbus, OH 43218-2273 Number Street City State Zip Code	Last 4 digits of account number 3060	\$1,200.00
		When was the debt incurred? 2012	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Consumer purchases on account		

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 Debtor 2 **Mackenzie L. Wolf**

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4.1 0	Boscovs Nonpriority Creditor's Name PO Box 71106 Charlotte, NC 28272-1106 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5985 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer purchases on account	\$422.25
4.1 1	Cardmember Services Nonpriority Creditor's Name PO Box 15548 Wilmington, DE 19886-5548 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0052 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card	\$332.00
4.1 2	CBCS Nonpriority Creditor's Name PO Box 2589 Columbus, OH 43216 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8909 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection attempt for USAA Savings Bank Reference Number 29469484	\$0.00

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

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4.1 3 Citi Cards Nonpriority Creditor's Name PO Box 183071 Columbus, OH 43218-3071 Number Street City State Zip Code	Last 4 digits of account number 1940	\$16,754.74
When was the debt incurred? 2012		
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card	
4.1 4 Client Services Nonpriority Creditor's Name 3451 Harry S Truman Blvd Saint Charles, MO 63301 Number Street City State Zip Code		
Last 4 digits of account number 8617		
When was the debt incurred? 2015		
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection attempt for Discover Card	
4.1 5 Client Services Nonpriority Creditor's Name 3451 Harry S Truman Blvd Saint Charles, MO 63301 Number Street City State Zip Code		
Last 4 digits of account number 1206		
When was the debt incurred? 2015		
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection attempt on behalf of USAA Savings Bank Reference Number 2464291	

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

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4.1 6	<p>Convergent Nonpriority Creditor's Name 800 SW 39th Street PO Box 9004 Renton, WA 98057 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9521</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection attempt for First Premier Bank</p>	<p>\$0.00</p>
4.1 7	<p>Credit Control LLC Nonpriority Creditor's Name 5757 Phantom Drive Suite 330 Hazelwood, MO 63042 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5985</p> <p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Collection of amounts owed to Capital One NA Account 21650848</p>	<p>\$0.00</p>
4.1 8	<p>Credit Control LLC Nonpriority Creditor's Name 5757 Phantom Drive Suite 330 Hazelwood, MO 63042 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8952</p> <p>When was the debt incurred? 2014</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Collection attempt for amount owed to Capital One NA</p>	<p>\$0.00</p>

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

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4.1 9	<p>Credit One Bank Nonpriority Creditor's Name PO Box 98873 Las Vegas, NV 89193-8873 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card</p>	<p>Last 4 digits of account number 9909</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply</p>	\$767.75
4.2 0	<p>Discover Nonpriority Creditor's Name PO Box 15316 Wilmington, DE 19850 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card</p>	<p>Last 4 digits of account number 4005</p> <p>When was the debt incurred? 9412</p> <p>As of the date you file, the claim is: Check all that apply</p>	\$17,808.00
4.2 1	<p>Disney Chase Nonpriority Creditor's Name Chase Card Services PO Box 15298 Wilmington, DE 19850 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on account</p>	<p>Last 4 digits of account number 9020</p> <p>When was the debt incurred? 3645 0052</p> <p>As of the date you file, the claim is: Check all that apply</p>	\$7,576.78

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

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4.2 2	<p>GM Card Capital One Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130-0287 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p>Last 4 digits of account number 8952</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card</p>	\$1,484.43
4.2 3	<p>JC Penney Gold Nonpriority Creditor's Name PO Box 960090 Orlando, FL 32896-0090 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p>Last 4 digits of account number 2141</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on account</p>	\$2,913.57
4.2 4	<p>JC Penney Gold Nonpriority Creditor's Name PO Box 960090 Orlando, FL 32896-0090 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p>Last 4 digits of account number 5331</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on account</p>	\$1,000.00

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961

4.2 5	<p>Jefferson Capital Systems, LLC Nonpriority Creditor's Name 16 McLeland Road Saint Cloud, MN 56303 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	Last 4 digits of account number 9347 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection attempt for Premier Bank	\$887.07
4.2 6	<p>Kohls Nonpriority Creditor's Name PO Box 3115 Milwaukee, WI 53201 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	Last 4 digits of account number 0906 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer purchases on account	\$2,946.32
4.2 7	<p>Lowes Nonpriority Creditor's Name PO Box 1111 North Wilkesboro, NC 28656 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	Last 4 digits of account number 1775 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer purchases on account	\$1,872.11

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

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4.2 8 Midland Credit Management, Inc. Nonpriority Creditor's Name PO Box 60578 Los Angeles, CA 90060-0578 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1775 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection attempt on amounts owing to <input checked="" type="checkbox"/> Other. Specify Lowes through Synchrony Bank	\$0.00
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4.2 9 National Recovery Nonpriority Creditor's Name PO Box 67015 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6707 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection for medical invoice from <input checked="" type="checkbox"/> Other. Specify Wellspan Medical Group	\$15.00
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4.3 0 Nationwide Credit Inc Nonpriority Creditor's Name PO Box 26314 Lehigh Valley, PA 18002-6314 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0052 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection attempt for amounts owed <input checked="" type="checkbox"/> Other. Specify Chase Bank USA NA	\$8,382.88
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Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

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4.3 1	<p>North Shore Agency Nonpriority Creditor's Name 270 Spagnoli Road Suite 110 Melville, NY 11747 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0258</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Collection attempt for amounts owed</p> <p><input checked="" type="checkbox"/> Other. Specify Proactive Solution</p>	\$48.64
4.3 2	<p>Northstar Location Services LLC Nonpriority Creditor's Name 4285 Genesee Street Buffalo, NY 14225 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3546</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Collection attempt for amounts owed</p> <p><input checked="" type="checkbox"/> Other. Specify Collection on Bank of America Card</p>	\$0.00
4.3 3	<p>Penn Credit Nonpriority Creditor's Name 916 S 14th Street PO Box 988 Harrisburg, PA 17108-0988 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1409</p> <p>When was the debt incurred? 2014</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Collection attempt for amounts owed</p> <p><input checked="" type="checkbox"/> Other. Specify Annual income tax</p>	\$58.34

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

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<div style="border: 1px solid black; padding: 2px;">4.3 4</div> Portfolio Recovery Nonpriority Creditor's Name PO Box 12903 Norfolk, VA 23541 Number Street City State Zip Code	Last 4 digits of account number 6753 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply	\$0.00
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Collection attempt for Synchrony Bank on behalf of Toys R Us <input checked="" type="checkbox"/> Other. Specify _____		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.3 5</div> Portfolio Recovery Nonpriority Creditor's Name PO Box 12903 Norfolk, VA 23541 Number Street City State Zip Code		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Collection attempt on JC Penney <input checked="" type="checkbox"/> Other. Specify _____		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.3 6</div> Portfolio Recovery Associates Nonpriority Creditor's Name PO Box 12914 Norfolk, VA 23541-1223 Number Street City State Zip Code		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Collection for Citibank NA on behalf of Best Buy <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961

4.3 7 RLG Nonpriority Creditor's Name 409 Lackawanna Ave Suite 320 Scranton, PA 18503 Number Street City State Zip Code	Last 4 digits of account number 9909 \$0.00 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection attempt on behalf of LVNV Funding LLC for amounts owed to Credit One Bank <input type="checkbox"/> Other. Specify _____
4.3 8 Sprint Nonpriority Creditor's Name PO Box 105243 Atlanta, GA 30348 Number Street City State Zip Code	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
4.3 9 Sunrise Credit Services, Inc. Nonpriority Creditor's Name PO Box 9100 Farmingdale, NY 11735 Number Street City State Zip Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Collection attempt on Bank of America	

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

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4.4 0	<p>Susquehanna Bank Nonpriority Creditor's Name 24 N Cedar Street Lititz, PA 17543 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card</p>	<p>Last 4 digits of account number 1776</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$1,000.00</p>
4.4 1	<p>Toys R Us Nonpriority Creditor's Name GE Capital Retail Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on account</p>	<p>Last 4 digits of account number 6753</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$2,056.00</p>
4.4 2	<p>USAA Nonpriority Creditor's Name PO Box 14050 Las Vegas, NV 89114 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card</p>	<p>Last 4 digits of account number 0817</p> <p>When was the debt incurred? 2012</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$8,000.00</p>

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961

4.4 3 USAA Nonpriority Creditor's Name USAA Savings Bank PO Box 14050 Las Vegas, NV 89114 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8909 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer purchases on bank credit card	\$4,579.20
4.4 4 Van Ru Credit Corporation Nonpriority Creditor's Name 1350 E Touhy Ave Suite 300E Des Plaines, IL 60016 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9412 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection attempt for Discover Bank Card	\$0.00
4.4 5 Virtuoso Sourcing Group Nonpriority Creditor's Name 4500 Cherry Creek South Drive Suite 500 Denver, CO 80246 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3370 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Amount due to Sprint	\$19,896.55

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim
6a. Domestic support obligations	6a. \$ 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ 5,276.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. Total Priority. Add lines 6a through 6d.	6e. \$ 5,276.00
Total claims from Part 2	Total Claim
6f. Student loans	6f. \$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 146,707.80
6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 146,707.80

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF PENNSYLVANIA</u>			
Case number (if known)	<u>1:18-bk-02961</u>		

Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name			
Number	Street		
City	State	ZIP Code	
2.2			
Name			
Number	Street		
City	State	ZIP Code	
2.3			
Name			
Number	Street		
City	State	ZIP Code	
2.4			
Name			
Number	Street		
City	State	ZIP Code	
2.5			
Name			
Number	Street		
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA			
Case number (if known)	1:18-bk-02961		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____

State _____

ZIP Code _____

3.2

Name _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____

State _____

ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf
Debtor 2 (Spouse, if filing)	Mackenzie L. Wolf
United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number (If known)	1:18-bk-02961

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	_____	_____
Employer's name	State of Maryland	White Rose Family Chiropractic
Employer's address	University of Maryland	2021 E Market Street York, PA 17402

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 9,907.40	\$ 2,361.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 9,907.40	\$ 2,361.00

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 9,907.40	\$ 2,361.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,785.97	\$ 312.55
5b. Mandatory contributions for retirement plans	5b. \$ 695.41	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 80.14
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 658.83	\$ 38.73
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Parking Recreational Membership	5h.+ \$ 141.43	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 3,281.64	\$ 431.42
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 6,625.76	\$ 1,929.58
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 6,625.76	+ \$ 1,929.58 = \$ 8,555.34
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 8,555.34	
	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: 		

Employee's Earnings Statement
 STATE OF MARYLAND
 UNIVERSITY OF MARYLAND
 360221-UMB

03600

Name WOLF, PATRICK J				Document ID UM5297	
Regular Pay Rate .00		Pay Period Ending Date 06-09-2018		Check/Advice Number 21911261	
Mar. Stat. M	Fed. Ex. 4	Additional Fed. Tax 100.00	St. Ex. EX	Additional St. Tax	County Code

MD FILING STATUS: MARRIED

EARNINGS	HOURS	CURRENT	YEAR TO DATE	TAXES/DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR		4717 81	56613 72	FEDERAL TAX	446 17	5523 76
*ST PD BENEFITS				FICA/MED	337 14	4088 64
FICA SUBSIDY	337	14	4088 64	PHARMACY PLAN	45 07	405 63
PHARMACY SUB	180	29	1622 61	HLTH CARE ACCT	100 00	1100 00
DENTAL SUBSIDY	21	80	196 20	UCC DENTL DPPO	21 80	196 20
RET/PEN SUB	913	98	10967 76	AD & D PLAN	4 20	46 20
UNEMPL INS SUB	12	34	149 64	TERM LIFE INS	5 40	59 40
HEALTH INS SUB	481	18	4330 62	ADDIT TERM INS	52 35	575 85
				REC MEMBERSHIP	13 85	166 20
				ST EMP ALT PEN	331 15	3973 80
				PARKING	53 50	642 00
				DIR/DEP-CHCKNG	0 00	32817 88
				UHC EPO	84 91	764 19
				EXPENS REIMBUR	0 00	-190 56

Current Year To Date	Earnings	Taxes	Deductions	Net Pay
	4717 81 56613 72	783 31 9612 40	712 23 7738 91	= 3222 27 39262 41

WOLF, PATRICK J
 221 CREEKWOOD DRIVE
 JACOBUS BOROUGH
 JACOBUS PA 17407

REPORT FRAUD AT 1-877-FRAUD-11, OFFICE OF LEGISLATIVE AUDITS

Payment Type: Check
 Bank Name:
 Check Date: 06-15-2018
 Check Amount: \$ 3222.27

Employee's Earnings Statement
 STATE OF MARYLAND
 UNIVERSITY OF MARYLAND
 360221-UMB

03600

Name WOLF, PATRICK J					Document ID UM5297
Regular Pay Rate .00			Pay Period Ending Date 06-23-2018		Check/Advice Number 21915725
Mar. Stat. M	Fed. Ex. 4	Additional Fed. Tax 100.00	St. Ex. EX	Additional St. Tax	County Code

MD FILING STATUS: MARRIED

EARNINGS	HOURS	CURRENT	YEAR TO DATE	TAXES/DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR		4717 81	61331 53	FEDERAL TAX	446 17	5969 93
*ST PD BENEFITS				FICA/MED	337 14	4425 78
FICA SUBSIDY	337	14	4425 78	PHARMACY PLAN	45 07	450 70
PHARMACY SUB	180	29	1802 90	HLTH CARE ACCT	100 00	1200 00
DENTAL SUBSIDY	21	80	218 00	UCC DENTL DPPO	21 80	218 00
RET/PEN SUB	913	98	11881 74	AD & D PLAN	4 20	50 40
UNEMPL INS SUB	12	34	161 98	TERM LIFE INS	5 40	64 80
HEALTH INS SUB	481	18	4811 80	ADDIT TERM INS	52 35	628 20
				REC MEMBERSHIP	13 85	180 05
				ST EMP ALT PEN	331 15	4304 95
				PARKING	53 50	695 50
				DIR/DEP-CHCKNG	0 00	32817 88
				UHC EPO	84 91	849 10
				EXPENS REIMBUR	0 00	-190 56

Current Year To Date	Earnings	Taxes	Deductions	Net Pay
	4717 81	783 31	712 23	3222 27
	61331 53	10395 71	8451 14	42484 68

WOLF, PATRICK J
 221 CREEKWOOD DRIVE
 JACOBUS BOROUGH
 JACOBUS PA 17407

MAKE IT A HABIT TO CHECK & VERIFY YOUR VOLUNTARY DEDUCTIONS

Payment Type:

Check

Bank Name:

Check Date: 06-29-2018

Check Amount: \$ 3222. 27

Employee's Earnings Statement
 STATE OF MARYLAND
 UNIVERSITY OF MARYLAND
 360221-UMB

03600

Name WOLF, PATRICK J				Document ID UM5297	
Regular Pay Rate .00		Pay Period Ending Date 07-07-2018		Check/Advice Number 21919747	
Mar. Stat. M	Fed. Ex. 4	Additional Fed. Tax 100.00	St. Ex. EX	Additional St. Tax	County Code

MD FILING STATUS: MARRIED

EARNINGS	HOURS	CURRENT	YEAR TO DATE	TAXES/DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR		4717 81	66049 34	FEDERAL TAX	446 17	6416 10
*ST PD BENEFITS				FICA/MED	337 15	4762 93
FICA SUBSIDY	337	15	4762 93	PHARMACY PLAN	45 07	495 77
PHARMACY SUB	180	29	1983 19	HLTH CARE ACCT	100 00	1300 00
DENTAL SUBSIDY	21	80	239 80	UCC DENTL DPPO	21 80	239 80
RET/PEN SUB	913	51	12795 25	AD & D PLAN	4 20	54 60
UNEMPL INS SUB	12	34	174 32	TERM LIFE INS	5 40	70 20
HEALTH INS SUB	481	18	5292 98	ADDIT TERM INS	52 35	680 55
				REC MEMBERSHIP	13 85	193 90
				ST EMP ALT PEN	331 15	4636 10
				PARKING	53 50	749 00
				DIR/DEP-CHCKNG	0 00	32817 88
				UHC EPO	84 91	934 01
				EXPENS REIMBUR	0 00	-190 56

Current Year To Date	Earnings	Taxes	Deductions	Net Pay
	4717 81	783 32	712 23	3222 26
	66049 34	11179 03	9163 37	45706 94

WOLF, PATRICK J
 221 CREEKWOOD DRIVE
 JACOBUS BOROUGH
 JACOBUS PA 17407

FOR YOUR CONVENIENCE, ENROLL IN DIRECT DEPOSIT

Payment Type:

Check

Bank Name:

Check Date: 07-13-2018

Check Amount: \$ 3222.26

Employee's Earnings Statement
 STATE OF MARYLAND
 UNIVERSITY OF MARYLAND
 360221-UMB
 03600

Name WOLF, PATRICK J				Document ID UM5297	
Regular Pay Rate .00		Pay Period Ending Date 07-21-2018		Check/Advice Number 88790645	
Mar. Stat. M	Fed. Ex. 4	Additional Fed. Tax 100.00	St. Ex. EX	Additional St. Tax	County Code

MD FILING STATUS: MARRIED

EARNINGS	HOURS	CURRENT	YEAR TO DATE	TAXES/DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR		4717 81	70767 15			
*ST PD BENEFITS				FEDERAL TAX	446 17	6862 27
FICA SUBSIDY	337 15		5100 08	FICA/MED	337 15	5100 08
PHARMACY SUB	180 29		2163 48	PHARMACY PLAN	45 07	540 84
DENTAL SUBSIDY	21 80		261 60	HLTH CARE ACCT	100 00	1400 00
RET/PEN SUB	913 51		13708 76	UCC DENTL DPPO	21 80	261 60
UNEMPL INS SUB	12 34		186 66	AD & D PLAN	4 20	58 80
HEALTH INS SUB	481 18		5774 16	TERM LIFE INS	5 40	75 60
				ADDIT TERM INS	52 35	732 90
				REC MEMBERSHIP	13 85	207 75
				ST EMP ALT PEN	331 15	4967 25
				PARKING	53 50	802 50
				DIR/DEP-CHCKNG	3222 26	36040 14
				UHC EPO	84 91	1018 92
				EXPENS REIMBUR	0 00	-190 56

Current Year To Date	Earnings	Taxes	Deductions	Net Pay
	4717 81	783 32	712 23	3222 26
	70767 15	11962 35	9875 60	48929 20

WOLF, PATRICK J
 221 CREEKWOOD DRIVE
 JACOBUS BOROUGH
 JACOBUS PA 17407

ATTEMPTING TO CASH THE SAME CHECK MORE THAN ONCE IS A CRIME!

Payment Type:	Direct Deposit
Bank Name:	MEMBERS 1ST FCU
Deposit Date:	07-27-2018
Deposit Amount:	\$ 3222.26

06/08/2018

**1,340.70

Mackenzie L. Wolf

*****One thousand three hundred forty and 70/100

Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

May bonus

EMPLOYER
White Rose Family Chiropractic, LLC
2021 E. Market St.
York PA 17402

PAY PERIOD
Period Beginning 05/22/2018
Period Ending: 06/04/2018
Pay Date: 06/08/2018
Total Hours: 71.25

EMPLOYEE
Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

BENEFITS	Used	Available	NET PAY:	\$1,340.70
Vacation	0.00	55.50		

MEMO:
May bonus

PAY	Hours	Rate	Current	YTD	DEDUCTIONS	Current	YTD
Regular Pay	71.25	16.00	1,140.00	12,807.25	Edward Jones	49.20	437.43
Vacation Pay	-	16.00	0.00	288.50	LST	2.00	26.00
Bonus	-	-	500.00	1,485.00			

TAXES	Current	YTD
Federal Income Tax	50.81	161.24
Social Security	101.68	904.01
Medicare	23.78	211.42
PA Income Tax	50.35	447.64
PA SUI Employee	0.98	8.73
York	20.50	182.25

SUMMARY	Current	YTD
Total Pay	\$1,640.00	\$14,580.75
Taxes	\$248.10	\$1,915.29
Deductions	\$51.20	\$463.43
Net Pay	\$1,340.70	

White Rose Family Chiropractic, LLC
2021 E. Market St.
York PA 17402

Pay Stub Detail
PAY DATE:06/22/2018
NET PAY:\$973.39

Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

EMPLOYER
White Rose Family Chiropractic, LLC
2021 E. Market St.
York PA 17402

PAY PERIOD
Period Beginning 06/05/2018
Period Ending: 06/18/2018
Pay Date: 06/22/2018
Total Hours: 72.00

EMPLOYEE
Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

BENEFITS	Used	Available	NET PAY:	\$973.39
Vacation	0.00	55.50	Acct#....1102:	\$973.39

MEMO:

PAY	Hours	Rate	Current	YTD
Regular Pay	72.00	16.00	1,152.00	13,959.25
Vacation Pay	-	16.00	0.00	288.50
Bonus	-	-	0.00	1,485.00

DEDUCTIONS	Current	YTD
Edward Jones	34.56	471.99
LST	2.00	28.00

TAXES	Current	YTD
Federal Income Tax	3.47	164.71
Social Security	71.42	975.43
Medicare	16.70	228.12
PA Income Tax	35.37	483.01
PA SUI Employee	0.69	9.42
York	14.40	196.65

SUMMARY	Current	YTD
Total Pay	\$1,152.00	\$15,732.75
Taxes	\$142.05	\$2,057.34
Deductions	\$36.56	\$499.99

Net Pay \$973.39

White Rose Family Chiropractic, LLC
2021 E. Market St.
York PA 17402

Pay Stub Detail
PAY DATE:07/06/2018
NET PAY:\$1,132.95

Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

EMPLOYER
White Rose Family Chiropractic, LLC
2021 E. Market St.
York PA 17402

PAY PERIOD
Period Beginning 06/19/2018
Period Ending: 07/02/2018
Pay Date: 07/06/2018
Total Hours: 72.75

EMPLOYEE
Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

BENEFITS	Used	Available	NET PAY:	\$1,132.95
Vacation	0.00	55.50	Acct#....1102:	\$1,132.95

MEMO:

PAY	Hours	Rate	Current	YTD
Regular Pay	72.75	16.00	1,164.00	15,123.25
Vacation Pay	-	16.00	0.00	288.50
Bonus	-	-	200.00	1,685.00

DEDUCTIONS	Current	YTD
Edward Jones	40.92	512.91
LST	2.00	30.00

TAXES	Current	YTD
Federal Income Tax	24.04	188.75
Social Security	84.57	1,060.00
Medicare	19.78	247.90
PA Income Tax	41.87	524.88
PA SUI Employee	0.82	10.24
York	17.05	213.70

SUMMARY	Current	YTD
Total Pay	\$1,364.00	\$17,096.75
Taxes	\$188.13	\$2,245.47
Deductions	\$42.92	\$542.91
Net Pay	\$1,132.95	

White Rose Family Chiropractic, LLC
2021 E. Market St.
York PA 17402

Pay Stub Detail
PAY DATE:08/03/2018
NET PAY:\$1,111.88

Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

EMPLOYER
White Rose Family Chiropractic, LLC
2021 E. Market St.
York PA 17402

PAY PERIOD
Period Beginning 07/17/2018
Period Ending: 07/30/2018
Pay Date: 08/03/2018
Total Hours: 71.00

EMPLOYEE
Mackenzie L. Wolf
221 Creekwood Drive
Jacobus PA 17407

BENEFITS	Used	Available	NET PAY:	\$1,111.88
Vacation	35.00	20.50	Acct#....1102:	\$1,111.88

MEMO:

PAY	Hours	Rate	Current	YTD	DEDUCTIONS	Current	YTD
Regular Pay	36.00	16.00	576.00	16,863.25	Edward Jones	40.08	587.91
Vacation Pay	35.00	16.00	560.00	848.50	LST	2.00	34.00
Bonus			200.00	1,885.00			

TAXES	Current	YTD
Federal Income Tax	21.32	214.71
Social Security	82.83	1,215.00
Medicare	19.37	284.15
PA Income Tax	41.02	601.63
PA SUI Employee	0.80	11.74
York	16.70	244.95

SUMMARY	Current	YTD
Total Pay	\$1,336.00	\$19,596.75
Taxes	\$182.04	\$2,572.18
Deductions	\$42.08	\$621.91
Net Pay	\$1,111.88	

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf
Debtor 2	Mackenzie L. Wolf
(Spouse, if filing)	
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA
Case number	1:18-bk-02961
(If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Son **16**

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Son **18**

Daughter **20**

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **2,347.36**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$	0.00
4b. \$	0.00
4c. \$	150.00
4d. \$	0.00
5. \$	474.81

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known) **1:18-bk-02961**

6. Utilities:	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: _____	6a. \$ <u>365.00</u> 6b. \$ <u>135.00</u> 6c. \$ <u>615.00</u> 6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,500.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>250.00</u>	
10. Personal care products and services	10. \$ <u>100.00</u>	
11. Medical and dental expenses	11. \$ <u>400.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>721.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>109.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: <u>Cell phone insurance</u>	15a. \$ <u>0.00</u> 15b. \$ <u>0.00</u> 15c. \$ <u>427.00</u> 15d. \$ <u>36.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Pennsylvania Personal Income Tax</u>	16. \$ <u>322.00</u>	
17. Installment or lease payments:	17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: _____	17a. \$ <u>0.00</u> 17b. \$ <u>0.00</u> 17c. \$ <u>0.00</u> 17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues	20a. \$ <u>0.00</u> 20b. \$ <u>0.00</u> 20c. \$ <u>0.00</u> 20d. \$ <u>0.00</u> 20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses	22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>7,952.17</u> \$ \$ <u>7,952.17</u>
23. Calculate your monthly net income.	23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.	23a. \$ <u>8,555.34</u> 23b. -\$ <u>7,952.17</u>
	23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	\$ <u>603.17</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain here: <u>HVAC will need to be replaced in 2019 at an estimated cost of \$5,000.00</u>	

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	<u>1:18-bk-02961</u>		

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Patrick J. Wolf

Patrick J. Wolf
Signature of Debtor 1

Date August 21, 2018

X /s/ Mackenzie L. Wolf

Mackenzie L. Wolf
Signature of Debtor 2

Date August 21, 2018

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf		
	First Name	Middle Name	Last Name
Debtor 2	Mackenzie L. Wolf		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	<u>1:18-bk-02961</u>		

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$69,351.80	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$16,527.00

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known) **1:18-bk-02961**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$117,373.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$28,632.00
For the calendar year before that: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$110,110.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$23,839.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Mr. Cooper 8950 Cypress Waters Blvd Coppell, TX 75019	April, May, June, 2018	\$7,110.51	\$273,036.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
BB & T 2508 Eastern Blvd York, PA 17402	April, May, June, 2018	\$543.00	\$49,050.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
PNC Bank v. McKensie L. and Patrick J. Wolf 2014-SU-003612-06	Complaint	Court of Common Pleas of York County, Pe	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Complaint filed

Portfolio Recovery Associates, LLC v. Mackenzie Wolf Mackenzie L. Wolf Portfolio Recovery Associates 2015 SU 002556-86	Civil	York County Court of Common Pleas 45 North George Street York, PA 17401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
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Cavalry SPV I, LLC v. Patrick J. Wolf 2017 SU 001397	Civil	York County Court of Common Pleas 45 North George Street York, PA 17401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
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LVNV Funding LLC v. McKenzie Wolf MJ-19304-CV-0000223-2017	Civil	Magisterial District Court 19-3-04 165 Fairview Court New Freedom, PA 17349	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
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Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known) **1:18-bk-02961**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Calvary PO Box 520 Valhalla, NY 10595	Bank Account <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	June 15, 2018	\$970.00

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
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14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (*if known*) **1:18-bk-02961**

consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Griffith Lerman Lutz & Scheib 110 S. Northern Way York, PA 17402-3737	\$1,000.00	June 11, 2014	\$1,000.00

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
 Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

- 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (*if known*) **1:18-bk-02961**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (*if known*) **1:18-bk-02961**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (*if known*) **1:18-bk-02961**

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Patrick J. Wolf**
Patrick J. Wolf
 Signature of Debtor 1

/s/ **Mackenzie L. Wolf**
Mackenzie L. Wolf
 Signature of Debtor 2

Date August 21, 2018

Date August 21, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf
Debtor 2 (Spouse, if filing)	Mackenzie L. Wolf
United States Bankruptcy Court for the:	Middle District of Pennsylvania
Case number (if known)	1:18-bk-02961

Check as directed in lines 17 and 21:

- According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years.
4. The commitment period is 5 years.
- Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>9,907.40</u>	\$ <u>2,430.12</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961**7. Interest, dividends, and royalties****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you	\$ 0.00
For your spouse	\$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

.....	\$ 0.00	\$ 0.00
.....	\$ 0.00	\$ 0.00

Total amounts from separate pages, if any. **+ \$ 0.00** **\$ 0.00**

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 9,907.40	+ \$ 2,430.12	= \$ 12,337.52
--------------------	----------------------	-----------------------

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income**12. Copy your total average monthly income from line 11.** **\$ 12,337.52****13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	\$ _____
.....	\$ _____
.....	+\$ _____
Total	\$ 0.00
	Copy here=>
	- 0.00

14. Your current monthly income. Subtract line 13 from line 12.**\$ 12,337.52****15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=>

\$ 12,337.52

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 148,050.24

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961**16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live.

PA

16b. Fill in the number of people in your household.

5

16c. Fill in the median family income for your state and size of household.

\$ **102,045.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)18. Copy your total average monthly income from line 11. \$ **12,337.52**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. Subtract line 19a from line 18.

\$ **12,337.52**

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ **12,337.52**

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ **148,050.24**

20c. Copy the median family income for your state and size of household from line 16c.

\$ **102,045.00****21. How do the lines compare?**

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Patrick J. Wolf**Patrick J. Wolf**

Signature of Debtor 1

Date **August 21, 2018**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Mackenzie L. Wolf**Mackenzie L. Wolf**

Signature of Debtor 2

Date **August 21, 2018**

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Patrick J. Wolf
Debtor 2	Mackenzie L. Wolf
(Spouse, if filing)	
United States Bankruptcy Court for the:	Middle District of Pennsylvania
Case number	1:18-bk-02961
(if known)	

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

- | | | |
|---|----|-----------------|
| 6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. | \$ | 2,051.00 |
| 7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. | | |

Debtor 1 Patrick J. Wolf
Debtor 2 Mackenzie L. Wolf

Case number (if known)

1:18-bk-02961

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 52
 7b. Number of people who are under 65 X 5
 7c. Subtotal. Multiply line 7a by line 7b. \$ 260.00 Copy here=> \$ 260.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 114
 7e. Number of people who are 65 or older X 0
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. Total. Add line 7c and line 7f \$ 260.00 Copy total here=> \$ 260.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ Housing and utilities - Insurance and operating expenses**■ Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 700.00

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,399.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
BB & T Bank	\$ <u>474.81</u>
Mr. Cooper	\$ <u>2,347.36</u>
9b. Total average monthly payment	\$ <u>2,822.17</u> Copy here=> -\$ <u>2,822.17</u> Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 0.00 Copy here=> \$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

Debtor 1 Patrick J. Wolf
Debtor 2 Mackenzie L. Wolf

Case number (if known)

1:18-bk-02961

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.
0. Go to line 14.
1. Go to line 12.
- 2 or more. Go to line 12.
12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **460.00**
13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2004 Chevrolet Avalanche 73000 miles

13a. Ownership or leasing costs using IRS Local Standard..... \$ **497.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment	
-NONE-	\$ _____	
Total Average Monthly Payment	\$ 0.00	Copy here => -\$ 0.00 Repeat this amount on line 33b.
13c. Net Vehicle 1 ownership or lease expense	\$ 497.00	Copy net Vehicle 1 expense here => \$ 497.00
Subtract line 13b from line 13a. if this number is less than \$0, enter \$0.		

Vehicle 2 Describe Vehicle 2: 2003 Chevrolet Tahoe 192000 miles

13d. Ownership or leasing costs using IRS Local Standard..... \$ **497.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	
-NONE-	\$ _____	
Total average monthly payment	\$ 0.00	Copy here => -\$ 0.00 Repeat this amount on line 33c.
13f. Net Vehicle 2 ownership or lease expense	\$ 497.00	Copy net Vehicle 2 expense here => \$ 497.00
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.		

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation expense allowance regardless of whether you use public transportation.* \$ **0.00**
15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation.* \$ **0.00**

Debtor 1 Patrick J. Wolf
Debtor 2 Mackenzie L. Wolf

Case number (if known)

1:18-bk-02961

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 2,511.52
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 695.41
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 121.27
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
 as a condition for your job, or
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. \$ 7,793.20

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 400.07

Disability insurance \$ 8.82

Health savings account + \$ 210.00

Total \$ 618.89 Copy total here=> \$ 618.89

Do you actually spend this total amount?

No. How much do you actually spend?

Yes \$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential. \$ 0.00

Debtor 1 **Patrick J. Wolf**
 Debtor 2 **Mackenzie L. Wolf**

Case number (if known)

1:18-bk-02961

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ **0.00**

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ **0.00**

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ **0.00**

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ **0.00**

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ **618.89**

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ **2,822.17**

Loans on your first two vehicles

33b. Copy line 13b here => \$ **0.00**

33c. Copy line 13e here => \$ **0.00**

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No

Yes

\$ _____

No

Yes

\$ _____

No

Yes

+ \$ _____

33e Total average monthly payment. Add lines 33a through 33d _____

\$ **2,822.17**

Copy total here=>

\$ **2,822.17**

Debtor 1
Debtor 2Patrick J. Wolf
Mackenzie L. Wolf

Case number (if known)

1:18-bk-02961

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- No. Go to line 35.
- Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____	÷ 60 = \$ _____
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- No. Go to line 36.
- Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **5,276.00** ÷ 60 \$ **87.94**\$ **1,200.00****36. Projected monthly Chapter 13 plan payment**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

X **6.50**

Debtor 1 Patrick J. Wolf
Debtor 2 Mackenzie L. Wolf

Case number (if known)

1:18-bk-02961

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*. \$ **12,337.52**
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **11,400.20**
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances**Amount of expense**

\$ _____
\$ _____
\$ _____

Total \$ **0.00** Copy here=> \$ **0.00**

44. Total adjustments. Add lines 40 through 43. => \$ **11,400.20**

Copy here=> -\$ **11,400.20**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$ **937.32**

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1 **Patrick J. Wolf**
Debtor 2 **Mackenzie L. Wolf**

Case number (*if known*)**1:18-bk-02961****Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Patrick J. Wolf

Patrick J. Wolf

Signature of Debtor 1

Date **August 21, 2018**

MM / DD / YYYY

X /s/ Mackenzie L. Wolf

Mackenzie L. Wolf

Signature of Debtor 2

Date **August 21, 2018**

MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and
certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;
fraud or defalcation while acting in breach of fiduciary capacity;
intentional injuries that you inflicted; and
death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
<hr/>	
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Middle District of Pennsylvania

In re **Patrick J. Wolf**
Mackenzie L. Wolf

Debtor(s)

Case No. **1:18-bk-02961**
Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 4,000.00
Prior to the filing of this statement I have received	\$ 1,000.00
Balance Due	\$ 3,000.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 21, 2018

Date

/s/ Paul G. Lutz

Paul G. Lutz

Signature of Attorney

Griffith Lerman Lutz & Scheib

110 S. Northern Way

York, PA 17402-3737

717-757-7602 Fax: 717-757-3783

plutz@gslsc.com

Name of law firm

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re **Patrick J. Wolf**
 Mackenzie L. Wolf

Debtor(s)

Case No. **1:18-bk-02961**
Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: August 21, 2018

/s/ Patrick J. Wolf

Patrick J. Wolf

Signature of Debtor

Date: August 21, 2018

/s/ Mackenzie L. Wolf

Mackenzie L. Wolf

Signature of Debtor

LOCAL BANKRUPTCY FORM 2016-2(c)**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA****IN RE:**

Patrick J. Wolf
Mackenzie L. Wolf

Debtor(s)	:	CHAPTER 13
	:	CASE NO.1:18-bk-02961
	:	
	:	

REQUEST FOR PAYMENT OF CHAPTER 13 COMPENSATION AND EXPENSES

Instructions: Complete **Part A** for payment of the presumptively reasonable fee, as described in L.B.R. 2016-2(c), being paid through a Chapter 13 plan and reimbursement of expenses. Complete **Part B** for payment of compensation and reimbursement of expenses awarded by separate Court order. Complete **Part C** for all requests for payment of compensation and reimbursement of expenses.

A. Presumptively reasonable fees under L.B.R. 2016-2(c)	
1. Amount agreed to by debtor	\$ 4,000.00
2. Less amount paid to attorney prior to filing petition	\$ 1,000.00
3. Balance of compensation to be paid through plan distributions	\$ 3,000.00
4. Expenses advanced to be paid through plan distributions: (describe expense and amount)	\$

B. Compensation and reimbursement of expenses allowed upon application and order under LBR 2016-2(a)	
1. Retainer received	\$
2. Compensation earned prepetition and paid to attorney prior to filing petition	\$
3. Expenses reimbursed prepetition	\$
4. Balance in retainer after deduction of prepetition compensation and expenses	\$
5. Compensation and expenses approved by the Court to be paid through plan distributions less balance in client trust account	\$

C. The undersigned hereby requests payment through the plan for compensation and reimbursement of expenses under 11 U.S.C. § 503(b)(2) in the following amount based on the information above:	\$ 3,000.00
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Dated: July 30, 2018/s/ Paul G. Lutz**Paul G. Lutz**

Attorney for Debtor

LOCAL BANKRUPTCY FORM 2016-2(a)

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

IN RE:

**Patrick J. Wolf
Mackenzie L. Wolf**

Debtor(s)	:	CHAPTER 13
	:	
	:	CASE NO.1:18-bk-02961
	:	
	:	

**RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN
CHAPTER 13 DEBTORS AND THEIR ATTORNEYS**

It is important for persons who file for bankruptcy under Chapter 13 to understand their rights and responsibilities. It is also important for them to know what their attorneys' responsibilities are and to appreciate the necessity of communicating openly with their attorneys to achieve successful results. These clients are entitled to expect certain services to be performed by their attorneys. The following Rights and Responsibilities Agreement has been adopted by the Bankruptcy Court for the Middle District of Pennsylvania. By signing this Rights and Responsibilities Agreement, attorneys and their clients accept the responsibilities outlined in this Agreement.

Under the rules of the Bankruptcy Court an attorney who files a bankruptcy case or who appears on behalf of a client filing for bankruptcy, other than as special counsel, is required to represent the client throughout the case, unless the client hires a new attorney or decides to represent himself or herself. However, an attorney may ask the Bankruptcy Court for permission to withdraw from a case. An attorney may request the Bankruptcy Court to approve additional fees, beyond those described in the Agreement, but only after the client has been given an opportunity to object and Court approval is obtained.

NOTICE TO ATTORNEYS: Attorneys have additional responsibilities which are imposed by the Bankruptcy Code and the Rules of Professional Conduct.

NOTICE TO CLIENTS: Your attorney may be unable to provide the services described in this Agreement if you do not provide accurate and complete information promptly and if you do not cooperate with your attorney during your case.

BEFORE THE CASE IS FILED:

You agree to:

1. Provide your attorney with complete and accurate financial information, as promptly as possible, including any forms your attorney asks you to complete and copies of any documents that have been requested.
2. Discuss your financial goals with your attorney.
3. Review all documents prepared by your attorney, advise your attorney about any necessary corrections or additions, and ask for explanations of any statements that you do not understand.

Your attorney agrees to:

1. Meet with you to review your debts, assets, liabilities, income, and expenses.
2. Discuss with you alternatives to bankruptcy, credit counseling, and the availability of relief under other chapters of the Bankruptcy Code.

3. Make all the disclosures required of your attorney as a debt relief agency.
4. Discuss the terms under which your attorney will represent you and prepare a written agreement describing the fee arrangement, including how your attorney will be paid.
5. Explain the expenses, in addition to attorneys fees, that will be incurred or may be incurred by you and how they must be paid.
6. Explain to you which payments must be made directly to creditors and which payments must be made to the Chapter 13 trustee.
7. Explain to you where to submit Chapter 13 plan payments, when to begin making payments, and the day of the month payments are due.
8. Explain to you the importance of insuring that your attorney is informed as to all changes in your contact information, including your phone number, mailing address, any email address, and place of employment.
9. Explain to you the consequences of failing to make direct payments to creditors, such as mortgage and auto payments, and failing to make payments to the Chapter 13 trustee.
10. Advise you concerning your obligation to attend the meeting of creditors.
11. Advise you of the necessity of maintaining appropriate insurance, such as homeowner's insurance and liability, collision, and comprehensive insurance on vehicles.
12. Timely prepare, file, and serve the bankruptcy petition, as well as statements, schedules, the plan, and other required documents and certificates, unless these documents are filed after the petition as permitted under the Bankruptcy Rules.

AFTER THE CASE IS FILED:

You agree to:

1. Begin making plan payments to the Chapter 13 trustee as instructed by your attorney.
2. Attend the meeting of creditors and any other court proceeding for which you receive notice unless informed by your attorney that your presence is not necessary.
3. Review and comply with notices you receive from the Court and respond to communications from your attorney.
4. Keep your attorney and the Chapter 13 trustee informed of any changes to your contact information, including phone numbers and mailing addresses.
5. Keep your attorney informed of any significant changes in your situation, including job loss or layoff, significant health problems requiring absence from work, and divorce or separation.
6. Inform your attorney immediately if contacted by a creditor or if any action is taken against any of your assets or against you.
7. Contact your attorney before buying, selling, or refinancing major assets such as a home or vehicle.
8. Promptly provide copies of all documents requested by your attorney.
9. Reimburse your attorney for all fees paid to third parties and charges advanced on your behalf (for example, credit counseling fees or credit report charges) unless your attorney agrees that these amounts will be paid through the plan.

The attorney agrees to provide all services necessary for representation and specifically to:

1. Submit to the Chapter 13 trustee properly documented proof of all sources of income and most recently filed tax return for you.
2. Appear at the meeting of creditors with you.
3. Respond to objections to plan confirmation and, where necessary, prepare an amended plan.
4. Prepare, file, and serve all statements, schedules, and the plan (if not filed with the petition) as well as any required amendments to any of these documents.
5. Prepare, file, and serve motions to buy, sell, or refinance real estate or personal property.
6. Review the file to ascertain if all required tax returns were filed and obtain and file the Pre-Confirmation Certification.
7. Obtain the Domestic Support Obligation Certification, if necessary, and forward it to the Chapter 13 trustee.
8. Attempt to obtain all secured Proofs of Claim, and/or prepare and file Proofs of Claim on behalf of creditors provided for in the plan, when appropriate.
9. Prepare, file, and serve objections to claims, if necessary.
10. Notify you of any pleading seeking relief against you and provide you with a deadline by which you must contact your attorney to discuss a response to the pleading, which also will explain possible consequences if you fail to respond.
11. Represent you at all hearings in which you have sought relief or have filed a response to a pleading seeking relief unless the matter has been settled. This does not include representation at adversary hearings.
12. Review any Transfer of Claims and any Notice of Mortgage Payment Change and advise of same, if necessary.
13. Prepare and serve any Motion to Suspend Trustee Payments.
14. Prepare and file any Motion for Wage Attachment for the Chapter 13 trustee or other secured creditor.
15. After your plan is confirmed, prepare and file any necessary motions to modify the confirmed plan and modified plans.
16. Explain to you what services will require the payment of additional legal fees and how those fees will be requested from the Court and that they may require the filing of an amended or modified plan. This explanation will include a discussion of what types of issues must be resolved through adversary proceedings.
17. Provide you with copies of all applications for the payment of fees for legal services, including time records, if required, before the applications are filed with the Bankruptcy Court.
18. Assist you in monitoring the status of your plan payments and in resolving any discrepancies between your records and those of the Chapter 13 trustee.
19. When appropriate, file motions to extend or impose the automatic stay.
20. If you qualify, assist you in attempting to obtain a mortgage modification. This only includes a modification which is necessary to obtain confirmation of the plan.

21. Respond promptly to your questions and communications throughout the term of the plan.
22. Advise you as to the requirement to complete an instructional course in personal financial management and the consequences of not doing so.
23. Advise you as to the requirements to complete the Debtors Certification Regarding Domestic Support Obligations and the consequences of not doing so.
24. Obtain a “No Position Letter” from the Chapter 13 trustee or file a Motion to Incur Debt and serve same.
25. Timely notify you when a hearing has been rescheduled or when a hearing is no longer required.
26. Review the Notice of Final Cure Payment and any response to the Notice of Final Cure Payment, and, if necessary, prepare and file a Motion for Determination of Final Cure and Payment of All Post-Petition Payments.
27. Prepare a Motion for Early and/or Hardship Discharge if the facts and law support same.

SUMMARY OF AGREEMENT FOR PAYMENT OF ATTORNEY'S FEES

The Bankruptcy Court has adopted a “presumptively reasonable fee” of **\$4000.00** for legal services provided through the confirmation of a Chapter 13 plan. If you operate a business and the Chapter 13 trustee requires you to provide a business examination report or if you hold the controlling interest in a corporation or LLC that is operating a business, the Court has determined that an additional **\$1000.00** fee for legal services is also presumptively reasonable. In addition, if your plan provides for future mortgage payments to be made through the plan (“conduit plan”) rather than directly to the mortgage company, an additional **\$500.00** fee has been determined to be presumptively reasonable. Debtor(s’) counsel will be allowed to charge an additional fee of \$500.00 for amending the plan post-confirmation due to late Proofs of Claim being filed, adding post-petition payments to the plan, to resolve a Motion to Dismiss for material default, change in financial circumstances, or extending the plan term due to the Debtor(s) request. Counsel may elect either to accept an additional \$500.00 fee for a post-confirmation plan amendment, or counsel may request compensation for same if the time and expense incurred exceeds \$500.00. The cost of serving the modified plan will be your responsibility and must be reimbursed by you. Debtor(s’) counsel will not be allowed to charge the additional legal fee of \$500.00 for making minor changes, such as changing the name of a creditor. In addition, Debtor(s’) counsel will be allowed to charge additional legal fees for preparing, filing, and serving a Motion to Sell Real or Personal Property. The fee will be disclosed in the Motion, Notice, and Order and served on all creditors. No fee application is required. The attorney fee will be paid at closing. In the event that the sale does not proceed to closing, Debtor(s’) counsel will be allowed to file a Fee Application to collect said fees. Debtor(s’) counsel will be allowed to collect the sale motion filing fee prior to filing the Motion to Sell, without Court approval.

These “presumptively reasonable fees” are neither minimum nor maximum fees for Chapter 13 cases. If an attorney agrees to perform the services set forth in this Rights and Responsibilities Agreement and to charge no more for these services than is described above, the attorney is not required to file a fee application detailing the work performed through the confirmation of a plan. If you and your attorney agree that you will pay for services provided based on an hourly rate, or through some other arrangement, the attorney must submit an application to the Court with time records to obtain approval of the fees. In addition, even if an attorney has agreed to accept a “presumptively reasonable fee” for services through the confirmation of a plan, the attorney must submit fee applications and obtain Court approval for any additional fees charged for services related to adversary proceedings or for services provided after a plan is confirmed.

In this case the parties agree that the legal fees for services to be provided through the confirmation of a plan, excluding adversary proceedings will be (complete one of the following boxes:)

- \$ 4,000.00**, the presumptively reasonable fee
- \$ ____ per hour, to be adjusted in accordance with the terms of the written fee agreement between you and your attorney (describe material terms of fee agreement or attach fee agreement) _____

Other than the initial retainer, your attorney may not receive fees directly from you after your bankruptcy case is filed. All other attorney's fees must be paid through the Chapter 13 Plan unless otherwise ordered by the Bankruptcy Court. These fees are separate from and in addition to any filing fees that you must pay when documents are filed by your attorney with the Bankruptcy Court.

If you dispute the legal services provided or the fees charged by your attorney, you may file an objection with the Bankruptcy Court. If your attorney believes that he or she cannot continue to represent you due to lack of cooperation or because of an ethical conflict, your attorney may request the Bankruptcy Court to permit him or her to withdraw from your case. You will receive notice of a request to withdraw and may contest the request at a hearing before the Court.

IN NO CASE SHALL YOUR ATTORNEY BE REQUIRED TO FILE A MOTION, PLAN, OBJECTION, OR ANSWER THAT IS NOT SUPPORTED BY CURRENT LAW.

Client: By signing this Rights and Responsibilities Agreement, I certify that have read the Agreement and understand and agree to carry out the terms to the best of my ability. I understand I am entitled to receive a signed copy of the Agreement.

Attorney: By signing this Agreement, your attorney certifies that he or she has reviewed this Agreement with you and answered your questions and that he or she agrees to perform the services described.

/s/ Patrick J. Wolf

August 2, 2018

Patrick J. Wolf

Date

Client

/s/ Mackenzie L. Wolf

August 2, 2018

Mackenzie L. Wolf

Date

Client

/s/ Paul G. Lutz

August 2, 2018

Paul G. Lutz

Date

Attorney

Instructions: This Agreement is not to be filed with the Court. The original must be retained by the attorney and a copy provided to the client.